STATE WATER RESOURCES CONTROL BOARD STATE DEPARTMENT OF HEALTH

015-

SFUND RECORDS CTR 999000246

DUCED OF WASTE AS	in filled become	things 1						HAULER OF WASTE (Must be filled by hauler)
DUCER OF WASTE (Must b			n/	~ A	(-1	<u> </u>		
(PHINT ON TYPE)		r AME	N/C	4_	1		اليا	ASBURY OIL CO. 13419 Halldale Ave., Gardena, California 90249
up Address:	<u> </u>	<u> </u>		11			- NO.	Phone: (213) 321-1392
up Address: (NUMBER) phone Number: ()								
Placed By.	12 1/21		0	ate: 🚣		.		(I State Liquid Waste Madier & Megistration No. (II appricable).
of Process In Produced Wastes:	$chx_{i}^{2}(y)$	1				T T		Job No.: L No. of Loads or Trips: Unit No
(E×a	imples: metal p	olating, equipmen	nt clea	aning, oil	drilling	con	E NO.	Vehicle: vacuum truck berrels, flatbed, other (speciev)
CRIPTION OF WASTE (Mus	st be filled by t	producer	·					The described waste was hauled by me to the disposal facility named below and was accepted.
k type of wastes:								I certify (or declare) under penalty of perjury
:	6. [] Tetraeth	ıyl lead sludge	1	1. [] Co	ntaminate	ed soil and	sand	that the foregoing is true and correct.
Į.	7. Chemica	•	1	2. [] Car	nery was	ste		SIGNATURE OF AUTHORIZED AGENT AND TITLE
i		ttom sediment	,	3. 🔲 Lat	ex waste			DISPOSER OF WASTE (Must be filled by disposer)
Paint sludge	9. 🗍 Oil		1	4. 🔲 Mu	d and wa	ter		Name (print or type):
[] Salvent 1	10. El Dritting	mud	1,	s 🛱 Bri	n e			Site Address:
har (Specify)				11 17	11		\Box	The hauler above delivered the described waste to this disposal facility and it was an acceptable
onents:				_		coo	E NO.	material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.
npl <mark>es: Hydro</mark> chloric acid, lir slics, solvents (list), metals (la, Մյդ	Der	Concent		ppm		
ics (list), cyanid.)		,		COWE		Plan		Quantity measured at site (if applicable):State fee (if any):
ics (fist), eyanid.)				LOWE] []	·]	Quantity measured at site (if applicable):State fee (if any): Handling Method(s):
ies (list), cyanid.)							}	
nics (list), cyamd.)					. []	Handling Method(s): ☐ recovery
nics (list), cyanal.)				Lower			· }	Handling Method(s): recovery treatment (specify): (EXAMPLES: INCINERATION, NEUTHALIZATION, PRECIPITATION) CODE NO.
nics (list), cyanol.)								Handling Method(s): recovery
nics (list), cyanal.)							· } } }	Handling Method(s): recovery treatment (specify): (EXAMPLES: INCINERATION, NEUTHALIZATION, PRECIPITATION) other (specify): other (specify): code no.
nics (list), cyanid.)								Handling Method(s): recovery
								Handling Method(s): recovery treatment (specify): (EXAMPLES: INCINERATION, NEUTHALIZATION, PRECIPITATION) other (specify): other (specify): code no.
dous Properties of Waste:								Handling Method(s): recovery
		☐ flammable		2 corros		explosive		Handling Method(s): recovery
clous Properties of Waste:	toxic	[] flammable	bar	corros	ive (explosive		Handling Method(s): recovery
dous Properties of Waste: H	☐ toxic	[] flammable	∆ bar 1 (42	corros	ive [explasive		Handling Method(s): recovery
dous Properties of Waste: H	☐ toxic	[] flammable	∆ bar 1 (42	corros	ive [explasive		Handling Method(s): recovery
dous Properties of Waste: H	toxic gat drums	tlammable tons Cartons C	bar (42	corros	ive C	explosive	· · · · · · · · · · · · · · · · · · ·	Handling Method(s): recovery
dous Properties of Waste: H	☐ toxic	tons C cartons C	∆ bar 1 (42	corros	ive C	explasive	· · · · · · · · · · · · · · · · · · ·	Handling Method(s): recovery
dous Properties of Waste: H	toxic gat drums solid	tlammable tons Cartons C	bar (42	corros	ive C	explosive	· · · · · · · · · · · · · · · · · · ·	Handling Method(s): recovery
dous Properties of Waste: H	toxic gat drums solid	tlammable tons Cartons C	bar (42	corros	ive C	explosive	· · · · · · · · · · · · · · · · · · ·	Handling Method(s): recovery treatment (specify): (EXAMPLES: INCINERATION, NEUTHALIZATION, PRECIPITATION) CODE NO. disposal (specify): pond spreading jandfill injection well other (specify): CODE NO. If waste is held for disposal elsewhere specify final location: CODE NO. Disposal Date: I certify (or declare) under penalty of perjury that the foregoing is true and correct. CANTURE OF AUTHORIZED AGENY AND TITLE The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.
dous Properties of Waste: H	toxic gat drums solid	tlammable tons [bar (42	corros	ive C	explosive	· · · · · · · · · · · · · · · · · · ·	Handling Method(s): recovery
clous Properties of Waste: H	toxic gat drums solid any):	flammable tons Cartons Carto	J bar J (42 J bag	corrosi reis gai.)	oth	explosive er [specifier [specifier]	-VI	Handling Method(s): recovery treatment (specify): (EXAMPLES: INCINERATION, NEUTHALIZATION, PRECIPITATION) CODE NO. disposal (specify): pond spreading jandfill injection well other (specify): CODE NO. If waste is held for disposal elsewhere specify final location: CODE NO. Disposal Date: I certify (or declare) under penalty of perjury that the foregoing is true and correct. CANTURE OF AUTHORIZED AGENY AND TITLE The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.
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